DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FOLLOWING ADMINISTRATION

Manson (02-13)

Aproved; 08/12/02

Effective; 07/0//02 FORM APPROVED

OMB NO. 0938-0193

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TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:	
STATE PLAN MATERIAL HEALTHCARE FINANCING ADMINISTRATION	SPA #02-13	Kansas	
	3. PROGRAM IDENTIFICATION: TITLE XIX	OF	
	THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	THE SOLD LITEOMEDIAL		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2002		
5. TYPE OF PLAN MATERIAL (Check One):			
□ NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN ■ AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:	FEDERAL BUDGET IMPACT		
42 CFR 441.15	a. FFY <u>2002</u> \$_	0	
	b. FFY <u>2003</u> \$	0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED F SECTION OR ATTACHMENT (If Applicable)		
Attachment 4.19-B	SECTION ON ATTACHMENT (II Applicable	/-	
#7.	Attachment 4.19-B		
	#7		
10. SUBJECT OF AMENDMENT:			
10. Obsect of Amenometer.			
Home Health Services - Rates			
11. GOVERNOR'S REVIEW (Check One):			
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIE	n.	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Janet Schalansky is t		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		TIC COVCITOI S	
THO REFERENCES WITHIN 40 BY TO OF COSMITTING	. Doughou		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
Jant ledallar by	Janet Schalansky, Secretary Social & Rehabilitation Services		
13. TYPED NAME:	Docking State Office Building		
Janet Schalansky	915 SW Harrison, Room 651S		
14. TITLE: \	Topeka, KS 66612-2210		
Secretary			
15. DATE SUBMITTED:			
05/14/02			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	AUG 12 2002		
05/15/02			
PLAN APPROVED - O	NE COPY ATTACHED 20. SIGNATURE OF REGIONAL OFFICIAL:		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL.		
07/01/02	Jacher May ton		
21. TYPED NAME:	22VTITLE:		
Thomas W. Lenz	ARA for Medicaid & State Operations		
23. REMARKS: CC: Schalansky SPA CONTROL			
No. 1115			
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Co Haverkomp	Date Submitted: 05/14/02		
CO CO CO CO CO	Date Submitted: 05/14/02 Date Received: 05/15/02		

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B #7

Home Health Services Methods and Standards for Establishing Payment Rates

Home health services are reimbursed per unit of service provided. Kansas Medicaid establishes individual rates for the following units of service:

- Skilled nursing services
- Physical therapy services
- Occupational therapy services
- Speech therapy services
- Home health aide services
- Restorative Aide

Durable medical equipment and medical supplies are reimbursed on the basis of rates established by Kansas Medicaid. Payment for used equipment is limited to a maximum of 75% of the payment for new equipment.

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FOLLOWING ADMINISTRATION

Approved; 08-1/2/02
2016/162
FORM APPROVED
OMB NO. 0938-0193

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☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Janet Schalansky is	the Governor's		
□ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 16. RETURN TO:			
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Social & Rehabilitation Services			
13. TYPED NAME: Docking State Office Building			
Janet Schalansky 915 SW Harrison, Room 651S			
14. TITLE: Topeka, KS 66612-2210			
Secretary			
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15. DATE SUBMITTED:			
05/14/02			
05/14/02 FOR REGIONAL OFFICE USE ONLY			
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